

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

Claim	Final	Original	Date
1	0	7-12-47	
2	1	8-1-48	
3	3	3-25-48	
4	4	11-17-48	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

**BEST AVAILABLE COPY**

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